



AGENCY CHECKLIST OF IMMEDIATE RETIREMENT PROCEDURES

CIVIL SERVICE RETIREMENT SYSTEM

Section A - Employing Office Checklist: To be completed by office maintaining Official Personnel Folder (OPF).

1. Name of applicant (last, first, middle)		2. Date of birth (Month, day, year)		3. Social Security Number		
4. Type of retirement <input type="checkbox"/> Age (Mandatory) <input type="checkbox"/> Optional (Other than "Early Optional") <input type="checkbox"/> Early Optional (Includes major RIF, reorganization, transfer of function) <input type="checkbox"/> Discontinued Service (Involuntary separation) <input type="checkbox"/> Disability		5. Special provisions (Check any applicable) <input type="checkbox"/> Law enforcement / firefighter <input type="checkbox"/> Air traffic controller <input type="checkbox"/> Other (Specify below)				
6. Is the applicant eligible to continue health benefits insurance into retirement (enrolled for the 5 years of service immediately preceding the annuity commencing date or for the full period(s) of service during which coverage was available)? See Section C if Open Season change is involved		<input type="checkbox"/> Yes Enrollment Code <input type="checkbox"/> No Give reason:				
7. Is the applicant eligible to continue life insurance into retirement (enrolled for the 5 years of service immediately preceding the annuity commencing date or for the full period(s) of service during which coverage was available)? <input type="checkbox"/> Yes Complete 7a. <input type="checkbox"/> No Give reason:		7a. The applicant can continue Basic Life insurance and the following options: <input type="checkbox"/> No optional insurance <input type="checkbox"/> Option A - Standard <input type="checkbox"/> Option B - Additional with the following multiples: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Option C - Family				
8. Are the following documents attached or actions taken? Indicate by an "X" for each item.						
		Yes	Not Applicable			
a. SF 2801*				j. If post-1956 military service deposit is not made, was applicant counseled about the effects of not paying the deposit?		
b. If applicant served in the military, or applied for military retire pay or DOVA benefits in lieu of military retire pay, or applied for OWCP benefits Schedules A, B, C of SF 2801				k. If discontinued service retirement, documentation specified in Chapter 44, FPM Supplement 830-1, including OPM Form 1510* and attachments, if available		
c. SF 2801-1*, including information on post-April 6, 1986 part-time service, if applicable				l. If early optional retirement, enter OPM Authority Number		
d. If applicant is married, and elects less than the maximum survivor benefit, SF 2801-2*				m. If law enforcement/firefighter, documentation specified in Section 831.907 of title 5, Code of Federal Regulations**		
e. If applicant elects a survivor annuity for a former spouse, SF 2801-3*. (Also, SF 2801-2, if applicant is married)				n. If applicant wants check deposited directly to his/her bank account, SF 1199A		
f. If applicant has military service, DD 214 or its equivalent, if available				o. If OPM has approved disability retirement, RI 30-27 (formerly BRI 46-48)		
g. If applicant wants a refund of military service deposit because he/she does not want to waive military retired pay, SF 2802*				p. If employee has applied for compensation benefits, OWCP award, if available		
h. If applicant wants to waive military retired pay, copy of waiver request and response from Military Retired Pay Center, if available				q. All documents applicant shows attached to SF 2801		
i. If post-1956 military service is involved and applicant has not made application to make a military service deposit, OPM Form 1515*				r. Agency estimates of annuity, if prepared		
9. If the annuity is not for disability, are the following documents attached?						
		Yes	Not Applicable	Send to OWCP	Yes	Not Applicable
a. All SF 2809's* in the applicant's OPF						
b. SF 2810* transferring enrollment to retirement system, if applicable, or SF 2810* terminating enrollment.						
c. All other SF 2810's* in applicant's OPF						
d. SF 2821*						
e. All SF 2817's*, SF 176's*, SF 176T's*						
f. SF 2818*						
g. All SF 54's* and SF 2823's* in the applicant's OPF						
10. If retirement is for disability, is documentation specified in FPM Supplement 830-1** including SF 2824* package attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No Give reason:				

* See back for titles of forms referred to above.

** Postal Service personnel should refer to Part 560 of the Employee and Labor Relations Manual (ELM).

11. List any documents attached which are not listed on the front of this checklist.		
12. Certification by the Chief Personnel Officer or Designee I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to be entitled to an annuity.		
Signature	Address	
Official Title		
Person to contact for further information	Telephone Number (including Area Code)	Submitting Office Number (SON)

Offenses Barring Annuity Payments: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management, Retirement and Insurance Group, in any case when this law possibly applies.

Section B - Payroll Office Checklist: To be completed by office maintaining the Individual Retirement Record (SF 2806). If the appropriate response to a question is "Not Applicable", leave blank. **IMPORTANT:** The SF 2806 must be closed out and received by OPM within 30 days of the employee's date of separation.

	Yes	No*		Yes	No*
1. Does the SF 2806 for the applicant named in Section A contain all information necessary to comply with OPM instructions for maintaining Individual Retirement Record?			9. Does the applicant have any part-time service on or after April 7, 1986? If yes, is the number of hours in each "separated" tour of duty and the date of each change in tour of duty posted on the SF 2806 or SF 2806-1 (including changes to full-time and intermittent status)? Also, show what a full-time tour of duty would be, total number of hours actually worked, and what total number of hours would have been if employee had always worked full-time		
2. Is applicant's sick leave balance shown on SF 2806?			10. If the applicant is a posted employee, are postal earnings for non-deduction service shown on SF 2806?		
3. Is applicant's last day in pay status shown on SF 2806?					
4. Is the applicant's health benefits status posted on SF 2806?			11. Disposition of SF 2806: SF 2806 and Register of Separations and Transfer (SF 2807) are attached		
5. If this is a preliminary SF 2806 for disability retirement, is applicant's life insurance status posted?					
6. If applicant is continuing life insurance into retirement, is the SF 2821 with Payroll certifying signature attached?			If SF 2806 was already forwarded provide the following: Forwarded to: SF 2807 Number: Date of SF 2807:		
7. If employee applied to pay post-1956 military deposit, is OPM Form 1514 (Military Deposit Worksheet) attached?					
8. Has applicant made a military service deposit with your agency?					
8a. If "yes", is an SF 2806 for the deposit attached?					

*12. Explain any "No" response here:

13. Certification by the Chief Payroll Officer or Designee I certify that the above accurately reflects official records maintained by this office	
Signature	Telephone Number (including Area Code)
Payroll Office Number	Date